

# APPENDIX B

## COUNTY OF MONMOUTH DEPARTMENT OF HUMAN SERVICES DIVISION ON AGING, DISABILITIES & VETERANS' INTERMENT AFFAIRS County/Peer Budget Funding Request Application

### C. Program Budget

Agency _____	Budget Period _____
Address _____	Contract Term _____
Phone # _____	Agency Fiscal Year End _____
Fax # _____	Prepared By _____
Federal ID # _____	Total Request _____
Chief Exec. Officer: _____	Program: _____

	-1- 2007 Program Budget	-2- 2008 Program Budget	-3- Grant Request	-4- Approved Grant
<b>A. Personnel</b>				
<b>B. Consultants and Professional Fees</b>				
<b>C. Materials and Supplies</b>				
<b>D. Facility Costs</b>				
<b>E. Specific Assistance to Clients</b>				
<b>F. Other</b>				
<b>G. Total Operation Budget (A thru F)</b>				
<b>H. Income and Revenue</b>			N/A	
<b>I. Net Operating Budget (G minus H)</b>			N/A	
<b>J. Unit of Service Definition (hrs., days, # of clients, etc.)</b>				
<b>K. Budgeted # Units of Service</b>				
<b>L. Unit Cost (G/K)</b>				





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	-1-	-2-	-3-	-4-
Budget Category	2007 Program Budget	2008 Program Budget	Grant Request	Approved Grant

**B. CONSULTANTS & PROFESSIONAL FEES**

1.	Accountant				
2.	Legal				
3.	Medical				
	Other (List):				
4.					
5.					

<b>B.</b>	<b>TOTAL CONS. &amp; PROF. FEES</b>	\$ -	\$ -	\$ -	
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**C. MATERIALS & SUPPLIES**

1.	Office				
2.	Recreation & Crafts				
3.	Food				
	Other (List)				
5.					
6.					
7.					
8.					
9.					

<b>C.</b>	<b>TOTAL MATERIALS &amp; SUPPLIES</b>				
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Budget Category	-1- 2007 Program Budget	-2- 2008 Program Budget	-3- Grant Request	-4- Approved Grant
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<b>D.</b>	<b>FACILITY COSTS</b>				
1.	Rental				
2.	Utilities				
3.	Maintenance				
4.	Repairs				
5.	Insurance				
6.	Equipment Leases				
	Other (list below)				
7.					
8.					
9.					
<b>D.</b>	<b>TOTAL FACILITY COSTS</b>				
<b>E.</b>	<b>SPECIFIC ASSISTANCE TO CLIENTS (SPECIFY TYPE)</b>				
<b>E.</b>	<b>TOTAL ASSISTANCE TO CLIENTS</b>				

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	-1-	-2-	-3-	-4-
Budget Category	2007 Program Budget	2008 Program Budget	Grant Request	Approved Grant

**F. OTHER**

1.	Printing				
2.	Telephone				
3.	Postage				
4.	Staff Travel at \$ _____/mile				
5.	Training & Conferences				
6.	Organization Dues				
7.	Program Transportation				
8.	Vehicle Rental				
9.	Vehicle Insurance				
10.	Professional Liability Insurance				
	Miscellaneous (List)				
11.					
12.					
13.					
14.					
15.					
16.					
17.					
<b>F.</b>	<b>TOTAL OTHER</b>				
<b>G.</b>	<b>TOTAL OPERATING BUDGET (A thru F)</b>				

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### H. INCOME AND REVENUE

List and identify all sources of funds EXCLUDING THIS GRANT REQUEST. Cite specific department, division or foundation which allocates funds. If more than one grant is obtained from a source, please list specific grantor and amount on a separate sheet and identify.

	2007	2008
Contributions Restricted		
Contributions Unrestricted		
SPECIAL APPEALS		
Fund Raising/NET		
Other Fund Raising/Contr.		
GRANTS Federal		
GRANTS State		
GRANTS County		
GRANTS United Way		
GRANTS Foundations		
GRANTS Other		
PURCHASE OF SERVICE FEES		
PROGRAM SERVICE FEES		
Client Fees		
Sales		
Interest		
Dividends		
Other: (List)		
<b>TOTAL INCOME AND REVENUE</b>		
<b>I. NET OPERATING BUDGET (G - H)</b>		